DOCUMENT RESUME

ED 417 503 EC 306 244

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TITLE	Local Interagency Coordinating Councils: Purpose, Characteristics, and Level of Functioning. Early Childhood Research Institute: Service Utilization. Findings.
INSTITUTION	North Carolina Univ., Chapel Hill. Frank Porter Graham Center.
SPONS AGENCY	Office of Special Education and Rehabilitative Services (ED), Washington, DC.
PUB DATE	1998-03-00
NOTE	13p.
CONTRACT	H024T20002
PUB TYPE	Collected Works - Serials (022) -- Reports - Research (143)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Agency Cooperation; *Cooperative Programs; *Delivery Systems; *Disabilities; *Early Intervention; Group Dynamics; Group Structure; Infants; Integrated Services; Models; Organizational Development; Preschool Education; Program Evaluation; Program Improvement; Questionnaires; School Community Relationship; Social Services; Surveys; Toddlers
IDENTIFIERS	Individuals with Disabilities Education Act Part H; *Interagency Coordinating Council

ABSTRACT

This study surveyed local interagency coordinating councils (LICCs) required under Part H of the Individuals with Disabilities Education Act concerning: the composition of council membership; information regarding frequency of meetings, membership turnover, and other demographic characteristics of the groups; and how well the LICCs are functioning, the tasks they have accomplished, and what remains undone. Nine diverse communities with varying sociodemographics and population/resource densities in three states (Colorado, North Carolina, Pennsylvania) were selected. A questionnaire, the Coordination of Infant-Toddler-Preschool Services Questionnaire, was sent to 57 individuals in groups responsible for service coordination, and 43 responses were received. Results are detailed and then analyzed in terms of a four-state model of the development of interagency groups. Responses indicate that positive outcomes of efforts by LICCs include a more efficient service system, improved quality of services, an increase in the number of children and families served, an increase in referrals, and a service system that is easier for families to use. However, LICCs appear to be avoiding the more difficult tasks, such as performing needs assessments of the service system and analyzing agencies' policies. Analysis suggests that the development of many LICCs has been thwarted in the early stages. (Contains 23 references.) (DB)

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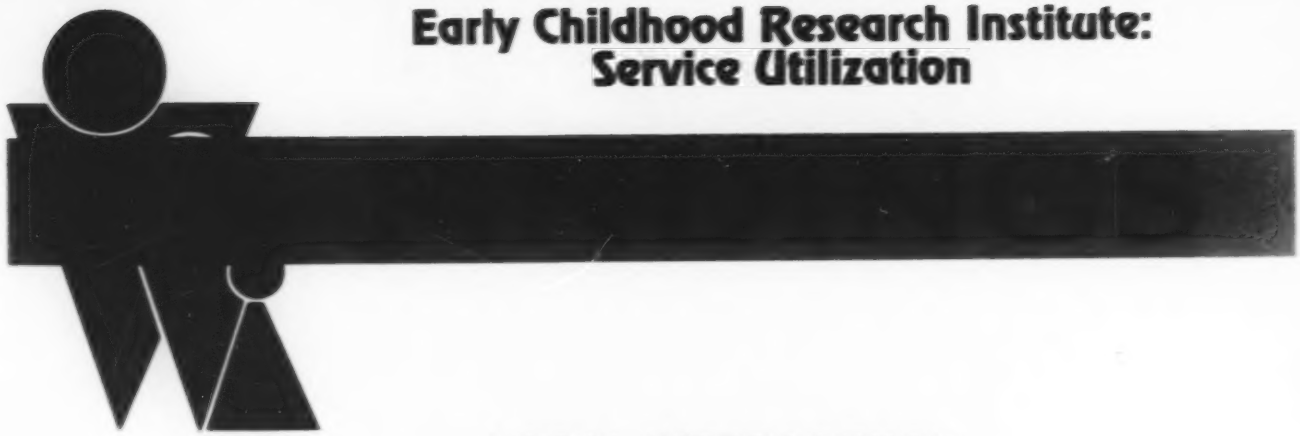

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LOCAL INTERAGENCY COORDINATING COUNCILS: PURPOSE, CHARACTERISTICS, AND LEVEL OF FUNCTIONING

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March 1998

BACKGROUND

Since the mid-1960s, agencies have been called upon to cooperate, coordinate, and collaborate in the delivery of human services (Agranoff, 1991; Blank and Lombardi, 1991; Kunesh and Farley, 1993; Peterson, 1991; Weiss, 1981). Policy makers and implementors view coordinated, comprehensive, and collaborative systems as a method of increasing efficiency and of better meeting the needs of those receiving services (Bruner, 1993; Bruner and Seeley, 1993; Johnson, Bruininks, & Thurlow, 1987; Melaville, Blank & Asa Yesh, 1993; O'Looney, 1993; Weiss, 1981). Despite its wide acceptance as a meaningful goal, interagency coordination of services historically has been extremely difficult to implement (Kagan, Goffin, Golub & Pritchard, 1995; O'Looney, 1993).

Through the enactment of PL 99-457 in 1986 and the subsequent creation of PL 102-119 (the Individuals With Disabilities Education Act), Congress emphasized its commitment to interagency coordination of services. This landmark legislation requires states to develop a comprehensive and coordinated system of services for young children with disabilities and their families. While mandating coordination, the federal government has done little to facilitate this challenging process (Porter et al.). The number of categorical programs with separate requirements has increased substantially over time. Recently, many in Congress have decided that a substantial number of these categorical programs need to be combined. Several Congressional leaders have determined that the use of block grants will quickly address the issue of better service coordination. Although this strategy may be administratively expedient for Congressional leaders, it is likely that the problem of fragmentation will continue and with reduced fiscal resources.

Prior to the enactment of PL 99-457 in 1986 states reported an average of 3 to 4 agencies with primary administrative responsibility (i.e., 3 to 4 lead agencies) for service provision to young children with disabilities. One state reported as many as 13 primary agencies (Meisels, Harbin, Modigliani, & Olson, 1988). In a study of the implementation of Part H of IDEA at the state level, Harbin and colleagues (1993) reported that while states had a single lead agency, there were an average of 4.8 agencies involved in the coordination of early intervention services. However, Harbin, Clifford et al (1993) reported that the scope of the coordination task became broader when the number of separate programs within those broader agencies was identified. The mean number of state *programs* involved in the efforts to coordinate services was 10.36.

Furthermore, the number of state and

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community-developed initiatives for improving the condition of young children has also increased over the last 10 years as well. Thus, the scope of the coordination task has increased steadily over time. In addition, there exists in most communities a variety of private providers (e.g., physicians and therapists) who are an important part of service delivery. While these individuals need to be represented in designing a coordinated system of services, many communities have not been successful in enlisting the participation of the private sector as members of Local Interagency Coordinating Councils (Harbin, McWilliam et al., 1995).

The need for these Local Interagency Coordinating Councils (LICCs) arose because of the presence of the number of relevant public agencies (e.g., health, education, mental health, etc.), other community initiatives, and private providers included in efforts to coordinate the system of services; the scope of the coordination effort today can be sizable, even in the smallest community. While historically efforts to coordinate services were largely informal, the increasing scope and complexity of the task, coupled with federal mandates for interagency coordination, have caused both state and local policy makers to see the necessity for a *formal mechanism* to facilitate this challenging task. Policy makers in several states therefore have mandated the creation of LICCs.

Some LICCs were created prior to the passage of PL 99-457 in 1986. These structures were diverse with regard to the age range targeted for coordination (e.g., birth to three, three through five, birth through five, birth to 21, etc.), as well as with regard to size and membership. In addition, many of these previously existing LICCs historically had determined which services would be the focus of their interagency coordination efforts. The federal requirements may have caused some of these existing LICCs to make some changes in their operations. However, in many communities, the creation of an LICC is a new endeavor.

Regardless of when the LICC was created, the activities of this group will likely have a tremendous impact upon how comprehensive the service system is, the number and types of service options, the ease with which families enter the system, and the coordination of services across public and private providers (Harbin, McWilliam, et al, 1995). To improve the functioning of these critical councils, and hence facilitate the provision of quality services, it is essential that we obtain more in-depth information about the activities of LICCs.

According to Flynn and Harbin (1987), there are four basic stages of development of interagency groups. It is important to determine at which stage each group is functioning in order to be able to target training which facilitates the unique needs of each LICC, facilitating more optimum performance. It is also extremely important to assess this functioning level over time, since some event or circumstance (e.g., loss of leadership) could decrease the level of functioning of a particular group. Periodic assessment over time would then identify this situation, so that appropriate technical assistance could be provided as quickly as possible.

PURPOSE

Increasingly, state policymakers have given the responsibility for development of an interagency system of coordinated services for young children with disabilities and their families to LICCs; yet many LICC members have acknowledged that they need guidance in how to execute this important responsibility (Harbin, McWilliam, et al., 1995). Given the importance and diversity of the LICCs, we used a questionnaire to gain a better understanding of:

- the composition of the membership of this important group;
- information regarding frequency of meetings, membership turnover, and other demographic characteristics of the group; and
- how well the LICCs are functioning, which tasks they have accomplished, and what remains undone.

METHODOLOGY

This section includes a brief description of the states and communities included in our study, as well as a description of respondents, instrumentation, and data analysis procedures. This section also addresses limitations of the study.

Sample States and Communities

The Early Childhood Research Institute on Service Utilization (ECRI:SU) selected nine diverse communities with varying sociodemographics and population/resource densities across three states (Colorado, North Carolina, Pennsylvania). The communities ranged in size from a large city (Pittsburgh, PA) with all of the challenges of an urban environment (e.g., crime, violence, etc.) and a metropolitan population of 2,403,676 to a rural remote area (Leadville, CO) with a population of 2,838. The nine study communities reflect a variety of service delivery contexts. These diverse communities provided an excellent opportunity to examine the scope and nature of the service delivery systems in communities of different sizes and community contexts. The three states also vary with regard to aspects of their approaches to interagency coordination.

Sample Selection of Individual LICC Members

To gather information about the nature and

extent of interagency coordination, the authors asked key personnel from the lead agencies providing early intervention and preschool services in each of the nine communities to nominate at least five members of the *group responsible for service system coordination* who were knowledgeable about the activities of the group. Previous studies had determined that the group responsible for coordinating the system of services for young children with disabilities and their families was not always the LICC (Isbell, Gottschall, & Knowles, 1991). Therefore, we did not want to ask administrators to nominate LICC members if the LICC was not the group that had been designated with the responsibility of coordinating services for young children with disabilities. Local lead agency personnel representing both early intervention and preschool services were asked to nominate individuals representing a range of agencies or programs, as well as parent representatives to the coordinating group. The *Coordination of Infant-Toddler-Preschool Services Questionnaire* developed by Harbin (1993) then was sent to 57 nominees across the nine study communities. Forty three respondents (75%) representing each of the nine study communities returned their *Questionnaires*, representing all communities and averaging 4.7 respondents per community.

Respondents to the Questionnaire

One portion of the *Coordination of Infant-Toddler-Preschool Services Questionnaire* was designed to elicit descriptive information from *individual respondents*. Table 1 presents this descriptive information (respondents' age, gender, race, agency/constituency affiliation, professional discipline and length of service). Examination of these data revealed that respondents ranged in age from 36-46 years, with an average age of 42. Almost all of those who completed the *Questionnaire* were women (93%) and Caucasian (95.3%). They had been group members for 2.33 to 8.5 years (28 to 102 months), with an average length of service on the LICC of almost 4 1/2 years (53.5 months).

Table 1 also indicates that all major agencies are represented in the sample of respondents completing the *Questionnaire*. Schools and Developmental Disabilities programs were represented more (23.3% and 11.6%, respectively) than other agencies. (A professional from the school system responded in each of the nine communities.) Furthermore, the two professional disciplines most frequently identified were related to education: early childhood (23.1%), and special education (17.9%). Nursing (12.8%) and social work (10.3%) also were identified by a number of respondents. Only one of the rehabilitation specialties, speech/language pathology, was represented among the returned questionnaires (5.1%); occupational therapy, physical therapy, and audiology were not among the professions represented in this sample. (This is not surprising since program administrators indicated in interviews with the authors that therapists usually were not members of the LICC.) Lastly, 5 respondents reported that they represented more than one professional discipline.

Instrumentation

The Coordination of Infant-Toddler-Preschool Services Questionnaire (Harbin, 1993) which respondents completed was modified from a questionnaire originally developed and used by Fields (1990) with 24 LICCs in Maryland. Fields utilized the material developed by Flynn and Harbin (1987) to develop a checklist of the stages of LICC development and functioning. Table 2 presents the tasks of the four stages.

Modifications of the Fields instrument included: rewording of items to achieve more clarity and specificity, and the inclusion of new items to measure additional facets of the LICC. Sections of the *Coordination of Infant-Toddler-Preschool Services Questionnaire* included:

1) demographic information about respondents (8 questions);
2) descriptive information about the LICC or the group responsible for planning Infant-Toddler-Preschool services, if not the LICC (13 questions);
3) a checklist related to the functioning level of the LICC (45 questions);
4) scales to rate the presence of various influential characteristics (51 questions);
5) an open-ended question related to needed policy changes;
6) a question asking respondents to list the five most important barriers to, and facilitators of, coordination; and
7) a general measure of the extent of interagency coordination.

This paper reports data primarily from sections 1-3. Future papers and reports from ECRI:SU will focus on Sections 4-7.

Harbin and colleagues used the *Coordination of Infant-Toddler-Preschool Services Questionnaire* in a study of 89 LICCs in North Carolina. The reliability for the section of the instrument which measured LICC functioning was extremely high (Cronbach Alpha = 0.92), as was the reliability for the other sections whose data will be reported in later papers.

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Table 1
Characteristics of Respondents

N = 43

Age: 36 - 46 yrs. (Mean = 42.1) Gender: Male 3 (7.0%) Female: 40 (93.0%)

Race:

	American Indian
	Asian
2 (4.7%)	African American
41 (95.3%)	White
	Hispanic
	Other (specify)

Indicate which one of the following best describes your affiliation.

3 (7.0%)	Social Services
3 (7.0%)	Health Department
10 (23.3%)	Education (School)
4 (9.3%)	Parent/Consumer
4 (9.3%)	Child Care Provider
1 (2.3%)	Private Service Provider
1 (2.3%)	Developmental Evaluation Clinic
5(11.6%)	Mental Health / Developmental Disabilities
2 (4.7%) 1 (2.3%)	Infant/Toddler/Preschool Service Provider / Director Home Based Center Based
1 (2.3%)	Child Mental Health
1 (2.3%)	Infant/Toddler Contract Agency
7 (16.3%)	Other (specify)

If you are representing an agency on your LICC, please indicate your professional discipline.
(N = 39; some individuals indicated more than one discipline.)

	Audiology
3 (7.7%)	Child Development
9 (23.1%)	Early Childhood
2 (5.1%)	Education
	Medicine
5 (12.8%)	Nursing
1 (2.6%)	Nutrition
	Occupational Therapy
	Physical Education
	Physical Therapy
1 (2.6%)	Psychology
4 (10.3%)	Social Work
6 (15.4%)	Special Education
2 (5.1%)	Speech/Language Pathology
11 (29.2%)	Other (specify)

How long have you been a member of the LICC? 26 - 102 months (mean = 53.5)

Table 2
Developmental Stages of Interagency Process

FORMATION	CONCEPTUALIZATION	DEVELOPMENT	IMPLEMENTATION
Capable person selected to conceptualize and to provide leadership for a project of this scope	Written mission statement (discussed/agreed to in formation)	Development of work groups/selection of chairs with adequate skills to facilitate and lead work groups	Meaningful interagency agreement developed which includes use of resources
Selection/recruitment/approval to, of appropriate group delivery members	Assessment of current services and development of goals, objectives, and working strategies for change	Development of an adequate system of communication among work groups to facilitate successful completion of tasks, which allows input by all involved and results in a feeling of ownership by the entire group	Policy changes made to eliminate former barriers to cooperative service
Selection of appropriate facilitator/leader for group activities	Understanding and selection of a decision-making model	Communication with key decision makers concerning essence of plan/gaining of their approval	Attitudes of agency personnel more positive and cooperative
Development of adequate structure for group to function and communicate with relevant decision makers and other groups	Definition of tasks, roles, responsibilities, and timelines for planning change	Work groups and large group productively working -- addressing and resolving issues and conflicts	Services improved
Development of a climate which encourages active participation and attendance	Development of a system of communication within work groups	Examination of all relevant agency policies/consensus concerning specific changes needed in policies, including interagency agreements	More children/families served
Delineation and understanding of roles/responsibilities	Determination of administrative structure for future interagency efforts and delivery of services	Plans are of the quality and adequacy to facilitate revising and/or expanding the system	Contacts and communication among agencies as expected based on plans
Understanding and acceptance of level of group authority by membership and agency decision makers	Approval of plans by this group and by high level decision makers	Approval of plans by the group as a whole as well as by key decision makers	Strategies selected to enhance interagency functioning in place and working
Members acquainted with one another and their programs	Public awareness and support for group and plan	Frequent communication among and negotiation between work groups and large group	Those agencies and people who are supposed to participate/interact do so productively, resolving conflicts as they arise
Discussion of knowledge of/agreement to a global mission	Active participation by membership and development of a strong group identification		
Potential conflicts identified	Mechanism established for coordination with other groups with similar mission and target		

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Data Analysis

ECRI:SU researchers utilized quantitative analytic techniques, including descriptive and inferential statistics.

Limitations

In order to recruit systematically a diverse sample representing the various agencies and personnel involved in coordinating the system of services for young children and their families, the authors used lead agency personnel to identify and recruit members of the LICC. Because families, physicians, allied health personnel, and some agencies are under-represented on some LICCs, they are also under-represented in this sample. However, these individuals often are not active participants in planning and coordinating the system of early intervention and preschool services (Harbin, West & Ringwalt, 1996); therefore, the current sample does seem to represent the range of individuals *actually* involved in the work of the LICC.

Another potential limitation of the study is that it is possible that other individuals on the LICC would provide different ratings from those of study respondents. In addition, the instrument for this study measures the perceptions of the respondents; as a result, data from other studies within ECRI:SU must be used to confirm or disconfirm findings from this study.

Finally, not all LICC members who were asked to participate in the study returned a completed questionnaire. Therefore, the number of respondents varied across LICCs, ranging from 3-7 respondents per community, with an average of 4.7 per community, as mentioned previously. It is possible that if additional LICC members had been nominated or had responded, their perceptions would have been somewhat different.

RESULTS

This section presents a description of the LICCs and their levels of functioning.

Description of the LICCs

Purpose and Responsibility

One section of the *Coordination of Infant-Toddler-Preschool Services Questionnaire* was designed to determine if there was an interagency group within each community that was coordinating services for young children with disabilities. In addition, we sought to determine if that group was the LICC or another group.

Respondents indicated that in 8 of the 9 communities there has been created a *formal* group to plan and maintain a coordinated system of interagency services, and most respondents indicated that the LICC was the group responsible for planning and coordinating services for children from birth to age five. In the community without a formal group, there existed an *informal* group that met with regard to services for all young children, with a primary focus on the preschool years. (Because the *Coordination of Infant-Toddler-Preschool Services Questionnaire* did not include separate questions for describing an informal group, respondents from this community answered descriptive questions as if their group was a formally designated LICC.)

Results from other studies have shown that a group other than the LICC *might* be responsible for planning and maintaining the system of services for young children with disabilities and their families (Harbin et al., 1995; Isbell, Gottschall & Knowles, 1991). However, data presented here do *not* reveal a similar pattern within the nine study communities. That is, in most of our study communities, the LICC, or a subgroup of the LICC, is primarily the group that addresses issues related to planning and maintaining the system of services for young children with disabilities and their families.

Characteristics

The *Questionnaire* also provided descriptive information about each LICC. Data presented in Table 3 revealed the following: the majority of LICC members have served on the LICC between 2 and 5 years, each of the LICCs meet monthly, and LICC members view the LICCs as stable groups in which there is *not* frequent turnover among the groups' membership.

Size of the LICC varied from 8 to 25 members, with the "average" LICC having 17.7 members. With two exceptions, the size of an LICC within a state was proportionate to the size of the community. That is, the smallest communities have smaller LICCs, medium-size communities have slightly larger LICCs, and the largest community within the state had the largest LICC. Interestingly, in North Carolina, however, the smallest community had the largest LICC, although the medium-size and large communities had LICCs similar in size to their respective communities in the other two study states. In two communities a subgroup of the LICC (i.e., committee or task force) is primarily responsible for the coordination of services, with memberships reported to be 10 and 17.

Table 3 also indicates the diversity of the overall LICC membership. Those agencies, programs, or constituencies most frequently represented include: Health Departments, Public Schools, Developmental Disabilities agencies, Social Services, parents/consumers, developmental evaluation clinics, Head Start, Infant-Toddler-Preschool contract agencies, and child care providers. Private service providers, Home Health agencies, and physicians were only listed

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TABLE 3
Descriptive Information About Nine LICCs

In general, how long have the majority of the members been on your LICC?

—	less than a year	2	longer than 5 years
—	1 to 2 years	—	other (please specify)
7	2 to 5 years	—	

Does your LICC meet on a regularly scheduled basis?

9 yes — no — sometimes

How frequently does your LICC meet?

—	once a week	—	quarterly
—	every other week (bi-weekly)	—	twice a year
9	once a month	—	yearly
—	every other month (bi-monthly)	—	other (please specify)

What is the age range of the children covered by your LICC?

—	Birth to 3	7	Birth to 5	1	3 to 5
1	Birth to 21	—	other (please specify	—	

How many members does your LICC have? 8-25 mean = 17.7

Does your LICC have members who are parents of children with special needs?

8 yes 1 no If yes, how many? 1-7 mean = 3.5

Is there frequent turnover of LICC members? _____ yes 9 no

Are issues related to planning and maintaining the local Infant/Toddler/Preschool service system addressed and worked on primarily by:

7	the entire LICC	2	a subgroup (committee) of the LICC
—	no group	—	other (please specify)

If a subgroup of your LICC or some other group is responsible for planning Infant/Toddler/Preschool services, is there frequent turnover of its members?

_____ yes 2 no

If a subgroup is primarily responsible for planning service, how frequently does the group meet?

—	once a week	—	quarterly
—	every other week (bi-weekly)	—	twice a year
2	once a month	—	yearly
—	every other month (bi-monthly)	—	other (please specify)

How many members are on the sub-group that plans your local system of Infant/Toddler/Preschool services?

10, 17

Are parent members part of the sub-group that is responsible for planning your Infant/Toddler/Preschool service system?

1 yes 0 no 1 sometimes

Please indicate which of the following are represented on the group that is responsible for planning your local Infant/Toddler/Preschool services, regardless of whether it is the entire LICC or a subgroup of the LICC. Please check all that apply.

4	Advocacy Groups	8	Developmental Disabilities
9	Child Care Provider	8	Home Health Agency
9	Developmental Evaluation Clinics	8	Private Service Providers
9	Education (Schools)	2	Physicians
9	Headstart	8	Parents/Consumers
9	Health Department	6	Child Mental Health
9	Infant/Toddler/Preschool Contract Agencies	7	Social Services
9	Infant/Toddler/Preschool Service Providers	1	Other (please specify)
5	Home Based		
5	Center Based		

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by some of the study respondents. Respondents to the *Coordination of Infant-Toddler-Preschool Services Questionnaire* in seven of the nine communities listed "other" groups or programs that were members of the LICC. These include: a drug and alcohol agency, Job Training Partnership Act Agency, the Sickle Cell program, the School for the Deaf, Even Start, the Cooperative Extension Office, a foster parents group, the local university, the hospital, and a statewide technical assistance program.

Differing Perceptions

Perhaps one of the most interesting findings was the different perceptions among the LICC respondents from each community with regard to seemingly straight forward descriptive questions about various aspects of the LICCs. Within each community there were many differences reported. The fewest number of items for which there were discrepancies in members' descriptions was 13, ranging as high as 24 in one community. In general, respondents from the largest communities had the largest number of discrepancies in their description of the LICC.

Functioning of the LICCs

Because all of the study communities have created a formal or informal group to facilitate the coordination of the system of services for young children with disabilities and their families (with 8 of 9 having formal LICCs or LICC subgroups), we were interested in gaining a better understanding of how well these important groups were functioning. Interagency planning groups typically go through a series of stages which are not totally discrete, ranging from the early formation of the group to the final stage (refer to Table 2), in which the group is able to function both efficiently and effectively (Flynn & Harbin, 1987). Often an LICC is addressing tasks in two different stages at the same time, and a number of factors can result in the group's return to an earlier stage (Flynn & Harbin, 1987).

To gain a better understanding of the interagency coordinating group in each community, the *Coordination of Infant-Toddler-Preschool Services Questionnaire* utilized a checklist that contained items based on the concept in Table 2 and divided into the four stages of group development mentioned previously:

1) forming the group,
2) organizing the group and beginning to plan,
3) developing plans and addressing the problems, and,
4) implementing the plans and needed changes.

Utilizing the responses from multiple respondents in each community, the authors calculated a mean of the responses for each community for each of these four stages. These data provide a general picture of the functioning level of these critical LICCs across the three study states. Table 4 displays the mean level of functioning for each of the nine communities for the four stages, while Table 5 presents the mean across communities.

Table 4
Developmental Stages of Group Functioning (in each community)

STAGE	1	2	3	4	5	6	7	8	9
Formation	0.67	0.91	0.95	0.50	0.86	1.0	0.73	0.84	0.51
Conceptualization	0.77	0.83	0.94	0.52	0.84	0.74	0.52	0.76	0.49
Development	0.58	0.68	0.88	0.34	0.56	0.92	0.47	0.71	0.29
Implementation	0.71	0.86	0.77	0.67	0.73	0.79	0.69	0.74	0.54

Table 5
Developmental Stages of Group Functioning (across communities)

STAGE	N	% completed tasks	SD
Formation	9	77	0.17
Conceptualization	9	71	0.16
Development	9	60	0.21
Implementation	9	72	0.09

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Stage I: Formation

The LICCs, on average, have completed approximately three-fourths (77%) of all tasks in the first stage, the formation of the group. Analysis of data by community indicates that members of only one LICC report that they have completed *all* of the tasks necessary to form the group (Table 4). Although many of the groups (n=5) appear to have completed 73-95% of the tasks, two communities report completing half of the necessary steps in this important first stage of planning and maintaining the system of services.

Examination of the accomplishment of specific tasks in Stage I reveal some interesting patterns. Almost all (95%) of the individual respondents reported that their LICCs have individuals who provide leadership to develop a *shared vision* of a coordinated service system. In addition, over 97% of those who returned their questionnaires noted that group members are acquainted with one another and the programs they represent. By contrast, only 60% of the respondents believe that the *roles and responsibilities* of members are well defined, understood, and accepted. Similarly, only 54% believe that the LICC has determined how to communicate group decisions to agency decision-makers or to others within the community.

Stage II: Conceptualization

Across communities, the LICCs have completed slightly more than two-thirds (71%) of the Stage II tasks required for organizing the group so that productive planning can begin. Although respondents from one LICC believe their group has completed almost all (94%) of the steps in the conceptualization process, those from two LICCs report they have completed only half of the tasks. With regard to individual items, approximately 88% of the individual respondents agree that the *mission statement* for services is written and accepted by members; the same number indicate that members and leaders of committees and task forces have the skills necessary to accomplish their tasks. However, less than half (47%) of the respondents noted that their LICC had completed a *needs assessment* of the service system. Furthermore, only 30% of respondents believe that residents of their community are aware of and support the LICC.

Stage III: Development

Groups have completed 60% of Stage III tasks, developing plans to change the system and address problems. Again, there was a wide range of responses across communities, with one LICC indicating completion of over 90% of the tasks and two others having finished only approximately one third of the tasks.

In this stage, there was a marked contrast between completion of *action* (48%) and *process* (74%) tasks. That is, individual responses reveal that group members appear to be more involved in planning the *process* of change than in taking *actions*. Thus, almost 80% of the respondents noted that LICC members have input throughout the planning process. In addition, almost 75% reported that the LICC is willing and able to address difficult issues. Likewise, approximately 70% noted that there is on-going communication between the LICC and agency decision-makers about needed changes in the service system.

By contrast, only 58% of the respondents believe that group members *agree* on what the changes in policies and practices should entail. Furthermore, slightly more than half (51%) indicate that the group has actually made plans to revise or expand the service system. Finally, only 42% showed that the LICC has *examined existing policies and practices* among the relevant agencies and *identified areas of potential change* to increase the effectiveness of the system of services. These results are consistent with those from Stage II, where fewer than half of the respondents indicated that their LICCs had conducted needs assessments of the services provided.

Stage IV: Implementation

Group members across communities report completing 72% of the tasks for Stage IV. Given the steady decrease in the percentage of accomplished tasks from stages 1-3, it is somewhat surprising to find a comparatively high percentage of accomplished tasks in the fourth stage; yet, these results are consistent with those found in a recent larger study by Harbin and colleagues (1995).

Item analysis reveals that a very high percentage of respondents report *positive outcomes* for their efforts at coordination. Almost 90% of the individual respondents reported that group members are more *trusting and cooperative* in their work together now than before they began meeting. Given the stability of the groups and the number of years most members have been involved, this result was understandable. Over 81% believe that the *quality* of services has improved over the past 3 years; a like number report that a *greater number* of children and families are being served, as well. Almost the same number (79%) indicate an *increase in referrals*. In addition, 79% of those responding believe that coordination of services has *improved* since 1986. An even greater number (86%) report that the service system has become easier for families to use.

In addition to the items which address the outcome of a more coordinated system of services, respondents also indicated that some particular tasks had been accomplished in this stage. Slightly more than 80% of those responding reported that there is a written

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interagency agreement reflecting LICC decisions regarding services. However, only 42% note that the agreement identifies what resources each agency or program will provide.

While almost 70% indicate that changes suggested by members have resulted in a service system that works better (i.e., is more efficient), less than half (49%) noted that necessary changes have been made in agencies' policies and practices to eliminate barriers to system coordination. This pattern is similar to the pattern in the previous stage where LICCs had accomplished more of the *process* tasks than the *action* tasks.

Since the scale was created as a developmental measure of group functioning, it is not unexpected that LICCs have completed more tasks in Stage I than in Stage II, where they have completed more tasks than in Stage III. However, the instrument seems at first glance to break down as a developmental measure at Stage IV; as reported above, when the authors examined items in this stage, they discovered that those items selected most frequently as "accomplished" by respondents related to specific types of *outcomes* of the coordination activities.

As Harbin and colleagues (1995) previously have noted, it seems likely that some items in Stage IV reflect improvements that actually might occur prior to Stage IV; in addition, respondents heavily invested in the developmental processes of their LICCs might perceive outcomes more positively than uninvested third-party observers. The authors therefore decided to delete the "outcome" items described above from the calculations of the level of functioning for Stage IV. After the data were re-analyzed following the removal of the items related to the outcomes of coordination, it appears the scale more accurately reflects the measurement of a the process of LICC development and functioning (Table 6).

DISCUSSION

Results from this study indicate that the nine communities perceive that progress has been made in designing and implementing a coordinated system of infant, toddler and preschool services for children with delays and disabilities. Positive outcomes of the efforts by LICCs include: more trust and cooperation among LICC members; a more efficient service system; improvement in the quality of the services; an increase in the number of children and families serviced; an increase in the number of referrals; and a service system which is easier for families to use.

In most of the communities, the LICC or a subgroup of the LICC has been given some level of responsibility for coordinating the system of services. Some of the LICCs existed prior to the community implementation of IDEA, and study results accordingly indicate variability in the level of functioning of the nine LICCs. Although there are differences in the functioning levels across the LICCs, in general there are similarities in the *types* of tasks accomplished. Results indicate that the LICCs are shying away from the more difficult tasks such as performing needs assessments of the service system, analyzing agencies' policies in order to make needed changes, and gaining support from the broader community. The pattern is the same within each developmental stage: LICCs are relying on *people* and *process* and are not taking *action* on the most difficult or complex tasks. It appears that the tasks accomplished and the tasks left undone at one stage are likely to set a pattern and influence the "nature" or "quality" of development at subsequent stages. This appears to be similar to Piaget's theory of child development, where the quality of the child's development in one stage influences the quality of his/her future development. It seems that just because an LICC gets older, that it doesn't necessarily mean that the group will address all of the developmental tasks necessary to result in optimum development. Currently, it appears that the development of many of the LICCs in this study may have been thwarted in the early stages.

Fortunately, however, it is possible to reverse this trend by helping LICCs to address some of the more difficult developmental tasks. Traditionally, training often has focused on interpersonal skills of members or how to write a mission statement. New training efforts would do well to *individualize* training whenever possible. Furthermore, there are some tasks, such as providing

***Table 6**
Developmental Stages of Group Functioning (across communities)

STAGE	N	% completed tasks	SD
Formation	9	77	0.17
Conceptualization	9	71	0.16
Development	9	60	0.21
Implementation	9	60	0.14

* re-calculated with deletion of outcome items from Stage IV

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- information and support for conducting systematic needs assessments of the service system and identifying and resolving policy problems, with which most LICCs could use assistance.

Although communities have made a great deal of progress in the development of a group to coordinate the system of services, much remains to be done in order to achieve the elusive goal of coordinated service delivery. LICC members and program administrators have accomplished much by using their *people* and *process* skills to develop a climate conducive to coordinated service delivery. It is now up to federal and state policy makers to assist LICCs in doing the "difficult tasks." Concerted effort at the state and federal levels to develop a more suitable infrastructure for coordination would likely be welcomed by LICC members across the country.

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The authors would like to thank LICC members from the nine communities in our study who graciously donated their time and insights into the work of their LICCs.

This Institute is funded by the United States Department of Education, Office of Special Education Programs, under a Cooperative Agreement (H024T0002) with the University of North Carolina and Rhode Island College. Any inferences or opinions expressed in this document do not necessarily reflect the official position of the U.S. Department of Education.

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